United Nations E/ICEF/2010/10

Economic and Social Council

Distr.: General
29 March 2010

Original: English

For discussion

United Nations Children's Fund
Executive Board
Annual session 2010
1-4 June 2010
Item 3 of the provisional agenda*

Updated annexes to the medium-term strategic plan

Annex I: Results framework by focus areas

Annex II: Part 1: Integrated monitoring and evaluation framework
Part 2: Key performance indicators

Summary

This document contains the revised results framework, the integrated monitoring and evaluation framework (IMEF) and key performance indicators for the medium-term strategic plan (MTSP), to guide the work of UNICEF in the present phase of the plan period. A number of organizational targets and indicators have been modified and updated, where necessary, to reflect lessons learned, trends or changes in strategic emphasis, based on the in-depth review carried out in 2009-2010. The evolution of strategic partnerships is also described in E/ICEF/2010/9. In the monitoring process, UNICEF will advocate for and support the collection and analysis of data by sex, wealth quintiles and location, wherever feasible. The IMEF has also been updated, taking into account changes in strategic emphasis and activities which were earlier completed.

* E/ICEF/2010/8.

10-29907 (E) 050510

Please recycle

Annex I

Results framework by focus areas

Focus area 1: Young child survival and development

Strategic intent — Countries acquire the capacities and systems to ensure the right of the child to survival, growth and development and to achieve the highest attainable standards of health in all contexts, including humanitarian, recovery and fragile situations.

Priority goals — Millennium Development Goal (MDG) 1: Eradicate extreme poverty and hunger (Target 1.C: Halve between 1990 and 2015, the proportion of people who suffer from hunger; Indicator 1.8: Prevalence of underweight children under five years of age); MDG 4: Reduce child mortality (Target 5.A: Reduce under-five mortality rate [U5MR] by two thirds between 1990 and 2015, Indicators 4.1 Under-five mortality rate; 4.2 Infant mortality rate; 4.3 Proportion of 1-year old children immunized against measles); MDG 5: Improve maternal health (Target 5.A: Reduce by three quarters between 1990 and 2015, the maternal mortality ratio [MMR]; Indicators 5.1 Maternal mortality ratio; 5.2 Proportion of births attended by skilled health personnel); MDG 6: Combat HIV/AIDS, malaria and other diseases (Target 6.C: Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases; Indicators 6.6 Incidence and death rates associated with malaria; 6.7 Proportion of children under 5 sleeping under insecticide-treated bed nets; 6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs); MDG 7: Ensure environmental sustainability (Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation; Indicators 7.8 Proportion of population using an improved drinking water source; 7.9 Proportion of population using an improved sanitation facility).

Related goals and commitments — MDG 3: Promote gender equality and empower women (Target 3.A: Eliminate gender disparity in primary and secondary education); MDG 8: Develop a global partnership for development (Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries; Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications); Convention on the Rights of the Child (CRC): Articles 6 and 24; *A World Fit for Children* (Goal 1: Promoting healthy lives): "Care for every child" — Children must get the best start in life. Their survival, protection, growth and development in good health and with proper nutrition are the essential foundation of human development.

Key result area 1: Support national capacity to achieve MDG 1 by improving child nutrition through improved practices and enhanced access to commodities and services			
Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
1. Improve complementary feeding practices with emphasis on disadvantaged populations groups.	1.1. Proportion of infants aged 6-8 months who receive solid or semi-solid foods.[1] 1.2. Proportion of 6-23 month olds who receive complementary foods (also including milk feeds for non breastfed children) the minimum number of times or more (disaggregated by breastfeeding status, sex, wealth quintile and residence).[2]	• Support development of country investment cases for reduction of stunting prevalence. • Advocacy and technical support for development of national policies and guidelines on complementary feeding and early childhood care and development. • Research to identify social, cultural, economic and other motivational determinants for behaviour change. • Technical support for national nutrition plans and budgets that are equity-based and data- and outcome-driven. • Advocacy and technical support for development of appropriate food fortification legislations and for monitoring their enforcement and relevant programmes. • Conduct community-level assessment, analysis and action processes ('triple A') on infant and young child feeding (IYCF) practices, and support systems and networks to establish community-based support for exclusive breast feeding, complementary feeding practices that include counselling. • Inclusion of psychosocial care into growth monitoring and promotion programmes.	All programme countries, with special emphasis on those with public health problems of malnutrition, micronutrient deficiencies and anaemia. Focus at the subnational level in countries with high disparities.
2. At least 50 countries are implementing effective micronutrient supplementation and targeted fortification programmes for young children by end 2013.	2.1. Number of countries with targeted programmes for prevention of anaemia in children aged 6-23 months with iron or iron-containing multi-micronutrient supplements or food products.		
3. Food and condiment fortification programmes for key micronutrients reach more than 80% of households with focus on reaching population groups with low coverage levels.	3.1. Proportion of households consuming adequately iodized salt (disaggregated by wealth quintile and residence).		

[1] This indicator was previously calculated for breastfed children aged 6-9 months. The new global recommendation calls for the indicator to be calculated for all children aged 6-8 months.

[2] New Global indicator as published in *Indicators for Assessing Infant and Young Child Feeding Practices.*

		• Support partners to implement large-scale communication campaigns around food fortification, including iron supplements. • Parenting programmes on appropriate feeding, psychosocial and cognitive development for children, with attention to newborns and children up to 3 years. • Support gender sensitive communication for development (C4D) programmes. • Provision of commodities or support for development of national supply capacities on nutritional supplements for complementary feeding. • Provision of commodities or support for eliminating micronutrient deficiencies. • Mobilize or convene global/local partners for improved child nutrition, including private partnerships in relevant areas, such as food fortification programmes.	

Key result area 2: Support national capacity to achieve MDGs 4 and 5 through increased coverage of integrated packages of services, improved practices and an enhanced policy environment			
Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
4. Increase coverage of high-impact preventive and outreach interventions for women girls and boys, with focus on reaching population groups with low coverage levels.	4.1. Proportion of one-year-olds immunized against measles (disaggregated by sex, wealth quintile, residence). 4.2. Proportion of one-year-olds who received 3 doses of combined diphtheria/pertussis/tetanus vaccine (DPT3) (disaggregated by sex, wealth quintile, residence).	• Analyse donor, national, local, household investments/budgets/expenditures in health, nutrition and water and sanitation. • Support development of country investment cases for achieving MDGs 1, 4, 5, 6 and 7. • Strengthen national plans and policies for achieving national targets for water and sanitation that meet or exceed MDG 7.C, reflecting equity concerns.	All countries with high U5MR and MMR at national and subnational levels, with a particular focus on 68 'countdown' priority countries.

	4.3. Proportion of one-year-olds who received 3 doses of Hib vaccine (disaggregated by sex, wealth quintile, residence). 4.4. Proportion of children aged 6-59 months fully covered with 2 doses of vitamin A in the last year.	• Provide technical support for sector plans and budgets that are equity-based and data- and outcome-driven. • Increase harmonization and alignment in areas of inter-agency collaboration. • Advocate for and support leveraging of resources for maternal- and under-five mortality reduction, water, sanitation and hygiene education (WASH) and nutrition and early childhood development (ECD) in partnership with national governments, global funds and other partners. • Use equity- and gender-sensitive approaches for design and implementation of integrated packages on health, nutrition, WASH and ECD programmes. • Support generation and use of evidence on the effectiveness of alternative strategies for reaching marginalized / unreached children with health, nutrition, WASH and ECD interventions. • Conduct cost-effectiveness and cost-benefit analyses of health, nutrition, WASH and ECD interventions. • Contribute to evidence base on urban health, nutrition, WASH and ECD programming with a focus on urban poor including slums. • Support participation and inclusion of civil society organizations (especially of women and youth organizations) in sector planning, budgeting and monitoring. • Support risk pooling through social and community based health insurance with particular focus on the poor.	In countries with moderate or low U5MR, focus will be on population groups with high U5MR. In all countries, focus will be on poor, marginalized and vulnerable groups with low coverage levels. Focus will be at subnational levels in other countries with high levels of child- and maternal mortality and poor coverage for health services among children and women.
5. Ensure remaining polio-endemic countries become polio-free and any outbreaks are rapidly controlled.	5.1. Number of polio-endemic countries. 5.2. Number of newly infected countries. 5.3. Cumulative annual total of confirmed cases (by type).		
6. Increase coverage and quality of clinical services, including for pneumonia, diarrhoea and acute malnutrition, for women, girls and boys, at facility and community levels, with focus on reaching population groups with low coverage levels.	6.1. Proportion of children aged 0-59 months with suspected pneumonia: (a) taken to an appropriate health provider; (b) receiving antibiotics (disaggregated by sex, wealth quintile and residence and where possible by population groups). 6.2. Proportion of children aged 6-59 months with severe acute malnutrition who were admitted to a therapeutic feeding programme, in the community or in a health facility, in the last year. 6.3. Proportion of children aged 0-59 months with diarrhoea receiving the recommended oral rehydration therapy (ORS, RHF or increased fluids) and continued feeding (disaggregated by sex, wealth quintile and residence).		

7. Increase coverage and quality of maternal and newborn intervention packages, including maternal and neonatal tetanus immunization, early childhood development, antenatal care, skilled birth attendance and emergency obstetric care, with emphasis on population groups with low coverage levels.	7.1. Proportion of births, attended by skilled health personnel (disaggregated by wealth quintiles and residence). 7.2. Number of countries with iron-folate or micronutrient supplementation programs for prevention of iron-folate deficiency in pregnant and lactating women. 7.3. Proportion of women aged 15-49 years who were attended at least once during pregnancy by a skilled health provider (disaggregated by wealth quintiles and residence). 7.4. Proportion of women aged 15-49 years attended at least four times during pregnancy by any provider (disaggregated by wealth quintile and residence). 7.5. Proportion of newborns and new mothers, who received a check-up by a trained or skilled provider within 2 days of delivery[3] (disaggregated by wealth quintiles and residence). 7.6. Number of countries that have not eliminated maternal and neonatal tetanus.	• Support removal of user fees and other financial barriers as a key strategy for accelerating progress towards health MDGs especially in countries with heavy reliance on out-of-pocket payments for health services. • Support development and implementation of sector wide approaches (SWAps) in health, nutrition and WASH sectors. • Support action research that is gender and disparity sensitive to analyse risks and potential impact of changing family environment and dynamics due to urbanization, migration, climate change on health-related outcomes of young children and women. • Promote and support risk assessment (such as due to natural disasters, climate change, man-made hazards including potential for conflict) and integrate risk reduction and mitigation considerations into planning for health, nutrition, WASH sectors. • Strengthen immunization services for traditional vaccines (such as polio, measles and maternal and neonatal tetanus) and for introduction or expansion of coverage of new or underutilized vaccines that can reduce under-five mortality significantly. • Intensify polio eradication efforts, including vaccine procurement, national immunization days, advocacy programme communication and resource leveraging.	

8. Increase the proportion of families with caring practices which improve young child survival, protection, growth and development, with emphasis on disadvantaged groups.	8.1. Exclusive Breastfeeding rate: Proportion of infants aged 0-5 months who are exclusively breastfed (disaggregated by sex and residence). 8.2. Proportion of children aged 0-59 months living in households in which an adult has engaged in four or more activities to promote learning in the past 3 days (disaggregated by sex, wealth index, residence, and where possible, by geo areas, population groups). 8.3. Number of countries with large-scale[4] household water treatment and safe storage (HWTS) programmes.	• Conduct analysis of health systems bottlenecks (including on future risks that could create new barriers), on supply and demand side, with a focus on reaching the poor and marginalized communities. • Support context-specific approaches (such as contracting out services, geographic and categorical targeting, cash transfers and performance-based financing) for overcoming health systems bottlenecks and barriers to access. • Support development and implementation of gender-sensitive, rights-based national/local behaviour change communication programmes that promote core family care practices for young children (including through use of 'Facts for Life' as appropriate). • Capacity building of outreach workers at national, subnational and local levels on maternal and newborn care. • Support strengthening of district health systems and delivery strategies using integrated campaigns, Child Health Days/Weeks (CHD) and other similar approaches combining health, nutrition, WASH and ECD interventions. • Monitor coverage of health, nutrition, WASH and ECD interventions with particular focus on poor, marginalized and vulnerable groups (disaggregated by sex, socioeconomic status, residence, ethnicity etc).	
9. Increase to at least 80% the proportion of young children and pregnant women sleeping under an insecticide-treated mosquito net (ITN) and receiving appropriate anti-malarial drugs for treatment and prevention in all malaria-endemic districts with focus on poor and vulnerable families	9.1. Proportion of children aged 0-59 months who slept under an ITN the previous night (disaggregated by gender, residence and wealth). 9.2. Proportion of pregnant women who slept under an ITN the previous night (disaggregated by residence and wealth). 9.3. Proportion of children aged 0-59 months with fever in the last 2 weeks receiving anti-malarial treatment (disaggregated by sex, wealth quintile, residence).		

10. Increase the number of countries with sectoral policies that support maternal, newborn and CSGD (health, nutrition, ECD and WASH).	10.1. Number of countries with legislation or provisions based on the international code of marketing of breast milk substitutes. 10.2. Number of countries with policies supporting community treatment of pneumonia with antibiotics.	• Support disease and nutritional surveillance systems and household/facilities survey to strengthen evidence, data and analysis. • Support scaling up basic and comprehensive emergency obstetric care (EmOC). • Procure, supply and distribute essential commodities at national and subnational levels for scaling up health interventions. • Procure, supply and distribute essential commodities at national and subnational levels for scaling up nutrition interventions. • Procure, supply and distribute essential commodities at national and subnational levels for scaling up WASH interventions. • Procure, supply and distribute essential commodities at national and subnational levels for scaling up ECD interventions. • Provide comprehensive counselling services which include core health, nutrition, WASH and ECD messages. • Improve capacity for social marketing to improve household WASH practices and for water treatment products. • Support scaling-up of co-trimoxazole prophylaxis for children exposed to HIV.	
11. Ensure that poverty reduction strategy papers (PRSP), national budgets, United Nations Development Assistance Frameworks (UNDAF), government sectoral policies, plans and budgets (in health, nutrition, WASH and ECD) are evidence-based and support high-impact, measurable and synergistic interventions to achieve the MDGs.	11.1. Government expenditure on health, nutrition and WASH as a proportion of total government expenditure. 11.2. Household expenditures on health as a proportion of total health expenditures. 11.3. Number of programme countries whose National Development Plan (or equivalent) includes targets for scaling up improved family and community care practices for mothers and children. 11.4. Number of country programmes that have conducted a gender analysis within the current programme cycle to identify gaps/challenges in family and community care practices.		

	11.5. Number of programme countries whose National Development Plan (or equivalent) includes targets for scaling up high impact maternal and newborns health interventions. 11.6. Number of programme countries whose National Development Plan (or equivalent) includes targets for scaling up high impact young child health interventions.	• Support essential commodities and logistics assessments in support of health, nutrition, WASH and ECD programmes at national and subnational levels. • Advocate and support establishing early screening and diagnosis system on childhood disabilities. • Child injury prevention (particularly focusing on accidents and drowning) through parental/ community education and prompt primary care for injuries (in countries where this is a significant cause of death). • Support to parenting programmes on effective care seeking, and psychosocial and cognitive development for children with attention to newborns and children up to 3 years. • Increase exposure to early learning and psychosocial care through home visits, parenting/women support groups, integrated health, ECD and nutrition materials, and promoting men's role in child care	

[3] Note that neither the definition nor the data collection of this indicator has been standardized to date. However, work is ongoing and a standardized international indicator is may be announced in 2010. Note that even if consensus is reached on standardized international indicator, there will be very limited data availability for the next 2-3 years.

[4] A programme would be considered "large scale" if it covers at least 25% of districts within a country.

Key result area 3: Support national capacity to achieve MDG 7 (Target 7. C) by increasing access to and sustainable use of improved water sources and sanitation facilities			
Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
12. In all programme countries, scale up water and sanitation services in a sustainable and equitable fashion.	12.1. Proportion of the population using an improved drinking water source (disaggregated by residence and wealth quintile). 12.2. Proportion of the population using an improved sanitation facility (disaggregated by residence and wealth quintile). 12.3. Proportion of the population using a drinking water supply source from which one water collection round trip takes more than 30 minutes (disaggregated by residence and wealth quintile).	• Strengthen and use the evidence base for WASH. • Ensure sustainability of hand pump technology, including improving hand pump procurement and spare parts supply chains. • Integrate climate change and other risks into policies on water and sanitation sectors and promote inclusion of water and sanitation interventions in national plans and other national climate change strategies. • Strengthen national sector capacities for using monitoring in policy development, planning and resource allocation, including climate risk assessments highlighting worsening water availability and access constraints • Operationalize demand-responsive approaches to water supply, with increased emphasis on equity and sustainability. • Promote water safety on a national scale through promotion of household water treatment and safe storage. • Build capacity at local, intermediate and national levels for WASH. • Promote cost-effective borehole drilling, including manual drilling where appropriate.	Comprehensive package in 60 WASH priority countries. In all programme countries, basic package of hygiene improvements, water safety, monitoring and emergency preparedness.

		• Study impact of water and sanitation, including climate-induced water stress on gender. • Analyse the impact of climate change on water resources, including ground water and rain water, and its programmatic implications. • Promote and support water supply and sanitation services for low-income rural and peri-urban communities, schools, health posts and clinics. • Contribute to the elimination of dracunculiasis in cooperation with other partners. • Manage and improve the Joint Monitoring Programme for water supply and sanitation, jointly with the World Health Organization (WHO), to monitor and report on progress on the indicators of MDG 7, Target 7.C. • Promote and support demand-led, community-led approaches in total sanitation.	

Key result area 4: In humanitarian situations, (both acute and protracted), every child is covered with life-saving interventions [as per UNICEF Core Commitments for Children (CCCs) in Humanitarian Action]			
Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
13. (a) The nutritional status of girls, boys and women is protected from the effects of humanitarian crisis.	13.1. Proportion of assessed countries in new humanitarian situations where coverage in relation to nutrition CCCs, as supported by UNICEF and operational partners, meets expected levels given the country context.	• Emergency preparedness and response planning in support of nutrition CCCs. • Establish effective leadership for nutrition cluster inter-agency coordination with links to other cluster/sector coordination mechanisms on critical intersectoral issues.	Humanitarian situations in all programme countries.

	13.2. UNICEF-cluster coordinator positions at country level for nutrition are filled within 30 days of activation of the clusters.	• Establish/reinforce timely nutritional assessment and surveillance systems. • Support for appropriate infant and young child feeding (IYCF). • Support access to appropriate acute malnutrition management for children and women. • Support access for children and women to micronutrients from fortified foods, supplements, or multiple-micronutrient preparations. • Support access for children and women to relevant information about nutrition programme activities.	
13. (b) Excess mortality amongst girls, boys and women in humanitarian situations is prevented.	13.3. Proportion of assessed countries in new humanitarian situations where coverage in relation to health CCCs, as supported by UNICEF and operational partners, meets expected levels, given the country context.	• Emergency preparedness and response planning in support of health CCCs. • Support to inter-agency coordination mechanisms in the health sector (cluster coordination) with links to other cluster/ sector coordination mechanisms on critical intersectoral issues. • Support to children's and women's access to life-saving interventions through population-based/community-based activities (campaigns and child health days). • Support to children's, women's and adolescents' access to essential health services, with sustained coverage of high-impact preventive and curative interventions. • Support to women's and children's access to behaviour-change communication interventions towards improving health care and feeding practices.	Humanitarian situations in all programme countries.

		• Support to women's and children's access essential household items.	
13. (c) Girls, boys and women have protected and reliable access to sufficient safe water and sanitation and hygiene facilities.	13.4. Proportion of assessed countries in new humanitarian situations where coverage in relation to WASH CCCs, as supported by UNICEF and operational partners, meets expected levels, given the country context. 13.5. UNICEF-cluster coordinator positions at country level for WASH are filled within 30 days of activation of the clusters.	• Emergency preparedness and response planning in support of WASH CCCs. • Establish effective leadership for WASH cluster/inter-agency coordination, with links to other cluster/sector coordination mechanisms on critical intersectoral issues. • Support to children's and women's access to sufficient water of appropriate quality and quantity for drinking, cooking and maintaining personal hygiene. • Support to children's and women's access to toilets and washing facilities that are culturally appropriate, secure, and sanitary, and are user-friendly and gender-appropriate. • Support to children and women receiving critical WASH-related information to prevent child illness, especially diarrhoea. • Support to children's access to safe water, sanitation and hygiene facilities in their learning environment and in child-friendly spaces.	Humanitarian situations in all programme countries.

Focus area 2: Basic education and gender equality

Strategic intent — Governments, communities and parents acquire the capacities and support necessary to fulfil their obligation to ensure the right of all children to free, compulsory quality education in all contexts, including humanitarian, recovery and fragile situations.

Priority goal — MDG 2: Achieve universal primary education. (Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling).

Related goals and commitments — MDGs 3 and 8; CRC Articles 28, 29; *A World Fit for Children* (Goal 2: Providing Quality Education). Education for All (EFA) Dakar Goals, except for adult literacy). Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).

Key result area 1: Support national capacity to increase children's access to quality early childhood care and education in order to improve children's developmental readiness and to ensure that children to start primary school on time, especially for marginalized children

Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
1. Increase to at least 60%, by 2015, the proportion of countries with appropriate policy, legislation and budget allocations aimed at universal school readiness.	1.1. Net intake rate for primary education. 1.2. Proportion of countries with universal school readiness policy. 1.3. Percentage of children aged 3-6 in some form of early childhood education programme.	• Establish and maintain community-based early childhood care and education for children aged 3-6 years. • Parenting education and support, particularly for children affected by HIV/AIDS, disabilities and other special needs. • Encourage 'child-to-child' activities and behaviour change communication approaches as part of school readiness in communities. • Support developmental readiness interventions, including appropriate health, hygiene promotion, nutrition and other early interventions with primary school.	All regions. Least developed countries (LDCs); middle-income countries. Countries identified as facing particular challenges by the report to the Committee on the Rights of the Child. Countries with high HIV-prevalence.
2. Increase number of countries with quality standards for monitoring school readiness as a component of developmental school readiness to at least 80 by 2013.	2.1. Number of countries with quality national standards and assessment tools for monitoring school readiness.		

		• Develop and support national standards and assessment tools to monitor school and developmental readiness in ECD programmes. • Address gaps in service delivery for ECD and education through links with service providers reaching children under six years. • Advocate and support governments and partners on policy, legislation and increased investments to achieve universal school readiness.	All EFA-Fast Track Initiative (EFA-FTI) countries, including candidate ones.

Key result area 2: Support national capacity to reduce gender and other disparities in relation to increased access and completion of quality basic education (including transitions form pre-primary to primary and primary to post-primary)

Organizational Target	*Indicators*	*Areas of cooperation*	*Coverage focus*
3. Reduce proportion of primary-school-aged children who are out of school by at least 80%.	3.1. Net enrolment rate and net attendance rate for primary and secondary schools (disaggregated by gender and other disparities). 3.2. Number of countries that have developed policies accompanied by concrete strategies/mechanisms and adequate budgets to address cost and other barriers to primary education.	• Global and national advocacy, capacity development and evidence base for free and compulsory education. • Identify and analyse barriers and disparities in basic education, through data collection and disparity analysis for access, progression and completion. • Support learning opportunities and reduction of discrimination against children who are out-of-school, girls; children from poor households, children belonging to ethnic and linguistic minorities, indigenous groups and low castes; HIV- and AIDS-affected and children with disabilities. • Support models for scaling up pre-primary education provision in and around primary schools.	All regions. Particular efforts in countries with low enrolment, high gender gaps and high disparities; countries affected by HIV and AIDS; LDCs; and countries with low birth registration.
4. Increase transition rates for girls and boys in primary to post-primary education, with a focus on disadvantaged children, in order to achieve 80% transition rate by 2013.	4.1. Transition rate of girls and boys from primary education to secondary education.		

	4.2 Enrolment and attendance rates in secondary education (disaggregated by gender).	• Support models linking parenting, adult education and family literacy. • In the area of post-primary education, address learning and livelihood needs of adolescents, including over-aged students in primary schools, with particular attention to gender, indigenous and other population groups, through formal and non-formal options and establishment of equivalencies, and transitions from school to work • Support the scaling up of supply side interventions within education reforms (accelerated learning programmes; cost-effective procurement and distribution of learning/teaching materials, school construction and teacher deployment, school uniforms, school feeding. • Social mobilization and behaviour change communication. • Lead United Nations Girls' Education Initiative (UNGEI). • Support EFA objectives through engagement with SWAps, the Poverty Reduction Strategy (PRS), EFA-FTI and national budget analyses.	
5. Improve the gender parity index in primary and secondary education, to be on course for achieving full parity by 2015.	5.1. Gender parity index (at primary and secondary levels)[5]. 5.2. Number of programme countries with education sector plans that aim to reduce gender and other disparities.		

[5] Based on net rates.

Key result area 3: Support national capacity to improve educational quality and increase school retention, completion and achievement rates			
Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
6. Increase proportion of grade 1 cohorts (especially girls) who reach at least the last grade of primary school to 90% by 2013.	6.1. Survival rate (cohort flow) of boys and girls to the last grade of primary school.	• Support campaigns to prevent and reduce school drop-out. • Support national policies and laws for re-entry of young mothers into education, and as a means for preventing child labour and child marriage. • Improve physical health, cognitive development and learning readiness of children (through school meals, anaemia and iodine deficiency disorders (IDD) reduction). • Promote standards for 'child-friendly' architecture, equipment and design. • Support safe water supply, gender-segregated toilet facilities and hygiene education for primary schools. • Encourage teaching/learning processes to ease transition from home to school. • Support child-centred learning for knowledge, skills, attitudes, values and behavioural change (rights, peace, democracy, sustainable development, management of 'risk behaviour'). • Support gender-sensitive and age-appropriate LSBE for children in school and out of school, with focus on HIV-AIDS prevention.	All regions and all programme countries, with a focus on LDCs; countries with low-enrolment rates and high gender gaps; and countries with a generalized HIV/AIDS epidemic. Some 54 countries with a generalized HIV/AIDS epidemic, particularly the 9 hyper-endemic countries in Southern Africa.
7. Increase to 60% by 2015 the number of programme countries with national quality standards for primary education based on 'child-friendly schools' (CFS) or similar models.	7.1. Number of programme countries adopting quality standards for primary education, based on CFS or similar models. 7.2. Number of programme countries with education sector plans that address issues of children affected by HIV and AIDS by 2011. 7.3. Number of countries undertaking gender audits of education sector plans (increase from 10 in 2008 to 40 by 2011). 7.4. Number of countries with policy and enforcement procedures against corporal punishment in schools. 7.5. Number of countries with environmental education or climate change adaptation plans integrated into national curricula.		

	7.6. Proportion of primary schools with adequate water supply and sanitation facilities for girls and boys (in 60 WASH priority countries).	• Improve education access and environment for children with disabilities. • Support inclusive pedagogy for 'slow' and 'gifted' learners; accelerated learning for over-aged learners. • Monitor changes in social norms around violence (such as corporal punishment, bullying and gender-based violence). • Establish baselines and develop models to make schools violence-free including through use of communication for behaviour change strategies. • Develop monitoring and evaluation (M&E) frameworks to assess changes in attitudes and behaviour toward violence in schools. • Build capacities of teachers and their support networks, with attention to gender issues and status, rights and duties of teachers. • Build capacities of learners and parents, as well as community, to participate in school governance and management. • Support codes of ethics for teachers' trust-building with communities, to strengthen safety and security of children. • Monitor orphan school attendance in countries most affected by HIV and AIDS pandemic. • Promote modern technological skills (especially information and communication technology [ICT]) and appropriate teaching methods.	
8. Promote school and community based assessment services and support development of national standards for numeracy, literacy and life skills-based education (LSBE).	8.1. Proportion of learners attaining the national standards in numeracy, literacy and LSBE. 8.2. Number of countries which have produced and used community-based learning assessments.		

		• Support education decentralization and capacity building. • Measure and monitor learning achievements.	

Key result area 4: Restore education after emergencies and in post-crisis situations following sudden onset humanitarian crisis and/or during protracted crisis			
Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
9. In humanitarian situations, girls and boys access safe and secure education and critical information for their own well-being.	9.1. Proportion of assessed countries in new humanitarian situations where coverage in relation to education CCCs as supported by UNICEF and operational partners meets expected levels given the country context. 9.2. UNICEF-cluster coordinator positions at country level for education are filled within 30 days of activation of the clusters. 9.3. Number of children aged 3-8 years who benefited from UNICEF-procured ECD materials.	• Emergency preparedness and response planning in support of Education CCCs. • Establish effective leadership for Education Cluster/Inter-Agency Coordination (with co-lead agency) with links to other cluster/sector coordination mechanisms on critical intersectoral issues. • Support access to quality education opportunities for children including preschool age children, girls, and other excluded children including through Back-to-School campaigns. • Support the establishment of safe and secure learning environments that promote the protection and well-being of learners. • Support the integration of psychosocial and health services for children and teachers in educational response • Support adolescents, young children and care-givers access to appropriate life-skills programmes (conflict resolution, peace education, hygiene education, HIV/AIDS prevention, and prevention of sexual exploitation and abuse); information about emergency; and educational options for those who missed out on schooling, especially adolescents. • Provide education and recreation kits, basic learning and ECD materials.	Humanitarian situations in all programme countries.

		• Promote and support departments of education on emergency preparedness planning, development of appropriate policies, including disaster risk reduction. • Promote standards for safe and child-friendly schools as part of disaster risk reduction and post-crisis reconstruction.	

Focus area 3: HIV/AIDS and children

Strategic intent — To put young children and adolescents at the centre of the HIV/AIDS agenda and build the capacities of Governments and empower individuals and communities to halt and begin to reverse the spread of HIV and AIDS among girls and boys up to the age of 18 years in all country contexts, including humanitarian, recovery and fragile situations.

Priority goal — MDG 6: Combat HIV/AIDS (Target 6.A: Halt by 2015 and begin to reverse the spread of HIV/AIDS).

Related goals and commitments — MDGs 1, 2, 3, 4 and 5; *A World Fit for Children* (Goal 4: Combating HIV/AIDS).

Key result area 1: Reduce the number of paediatric HIV infections; increase the proportion of HIV-positive women receiving antiretroviral drugs (ARVs); increase the proportion of children receiving treatment for HIV/AIDS

Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
1. Number of new paediatric HIV infections reduced by at least 40%.[6]	1.1. Proportion of HIV-positive children (disaggregated by sex).	• Support national efforts to coordinate and implement accelerated expansion of coverage, sustained uptake and improved efficiency of interventions in PMTCT programmes. • Access of HIV-infected mothers to care, support and treatment through 'PMTCT' services and child-care points. • Support scaling-up of PMTCT. • Support scaling-up of anti-retroviral treatment and treatment of opportunistic infections of women (including during pregnancy) and for children infected by HIV. • Gender-sensitive behaviour and social change communication to strengthen demand for services, including treatment preparedness and literacy and to reduce stigma and discrimination.	Priority to 54 countries with generalized epidemics (prevalence > 1% in the general population); and in countries with concentrated epidemics. Support will also be provided through procurement services.
2. At least 80% of HIV-positive pregnant women receive ARVs for prevention of mother-to-child transmission of AIDS (PMTCT).	2.1. Proportion of HIV-infected pregnant women receiving ARVs for PMTCT.		
3. Ensure that the ratio of adults receiving ARVs matches the gender distribution of the epidemic.	3.1. Proportion of HIV-infected pregnant women receiving ART for their own health.		

[6] UNAIDS 2004 baseline: 640,000.

4. At least 80% of children infected with HIV in need of ARV treatment receive ARVs.	4.1. Proportion of HIV-infected children (disaggregated age and sex) in need of ARV treatment receiving ART (subcomponent of MDG Indicator 6.5).	• Integration of PMTCT and paediatric treatment interventions into the integrated maternal, newborn and child, health including reproductive health and family planning, child survival programmes and national health systems. • Improve access by children infected with HIV to quality care, support and treatment. • Improve access to and management of drug and diagnostic supplies, paediatric formulations and early infant diagnosis. • Advocate lower prices for polymerase chain reaction test kits for HIV diagnosis and for paediatric formulations. • Improve access to emerging technology for early infant diagnosis.	

Key result area 2: Support national capacity to increase the proportion of children orphaned or made vulnerable by HIV/AIDS receiving quality family, community and government support			
Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
5. In high prevalence countries, increase to at least 30% the proportion of vulnerable children whose households received external care and support from non-family sources that supplement existing family-based activities.	5.1. Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years (MDG indicator 6.4). 5.2. In high prevalence countries, proportion of vulnerable children whose households received external support.	• Scaled-up child and AIDS sensitive social protection systems to strengthen capacity of duty-bearers to support, care for and protect children orphaned or made vulnerable by HIV/AIDS; prolong parents' lives and improve their livelihoods, including development of gender-sensitive norms and standards.	Priority to 54 countries currently with generalized epidemics.

		• Promote successful innovations to provide equitable access to essential services to children affected and orphaned by HIV/AIDS, apply operational research to improve efficiency and effectiveness, disseminate lessons learned, and expand knowledge and evidence based programming. • Ensure global and country level monitoring systems are in place to measure global and country level progress in relation to the care, protection and support of children affected by HIV and AIDS. • Support efforts (through bilateral support, PRS, SWAps and global funds) to finance and support national partners in implementing national plans and responses for children affected by AIDS. • Conduct gender analyses and audits to improve programme outcomes and reduce disparities between girls and boys. • Community-based care and support of HIV/AIDS-affected children, ensuring involvement of both men and women.	

Key result area 3: Support reduction of adolescent risk and vulnerability to HIV/AIDS by increasing access to and use of gender-sensitive prevention information, skills and services			
Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
6. In all countries, support the development and implementation of national comprehensive prevention strategies for adolescents most at risk and those especially vulnerable.	6.1. Number of programme countries with comprehensive HIV/AIDS prevention strategies for adolescents most at risk.	• Evidence-based advocacy for legislative measures, policy instruments and strategies for programmes on children, adolescents and HIV/AIDS, with special attention to vulnerabilities of young women and girls and the roles of men and adolescent boys. • Advocacy, communication and social mobilization to promote a protective and enabling environment and strengthen measures to prevent or reduce stigma and discrimination; vulnerabilities associated with high-risk behaviour; gender inequalities; gender-based violence and gender stereotyping. • Interventions to facilitate participation of adolescents, including especially vulnerable and marginalized, in HIV prevention forums and activities. • In collaboration with partners, support national and subnational programmes to provide age-relevant, gender-sensitive sexual and reproductive health information, skills and services, to reduce child and adolescent risk and vulnerability to HIV. • Support evidence-informed HIV combination prevention interventions designed to meet the specific needs of adolescents and young people in their local contexts, and utilize operational research and the experience of partners to improve efficiency and effectiveness.	Strategies will be region- and country-specific and responsive to the stage of the epidemic and to the programmatic and financial contribution of other partners.
7. In countries with adult prevalence above 5%, at least 60% of adolescents, in school and out of school, have correct information and relevant skills and services to reduce their risk and vulnerability to HIV.	7.1. Proportion of males and females aged 15-24 years (with sub-analysis for 15-19 year-olds and most at risk populations) with comprehensive correct knowledge of HIV/AIDS (MDG indicator 6.3). 7.2. Proportion of males and females aged 15-19 who had sex before the age of 15. 7.3. Proportion of young women and men aged 15-24 who had sexual intercourse with more than one partner in the last 12 months.		

	7.4. Proportion of young women and men aged 15-24 (with sub-analysis for 15-19 year-olds and most at risk populations) who had more than one sexual partner in the past 12 months reporting the use of a condom during their last sexual intercourse (MDG indicator 6.2). 7.5. HIV prevalence among young people (disaggregated by age and sex) and total aged 15-24 years.	• Build partnerships to respond to the multiple correlating factors related to increased risk for HIV infection; e.g. sexual violence, poverty, ethnicity, disability, minority status etc. in both low and concentrated epidemic settings. • Support provision of post-rape care and post-exposure prophylaxis in emergency situations in countries with generalized epidemics. • Age- and sex-disaggregated assessment and analysis of risks and vulnerabilities to HIV infection of adolescent girls and boys aged 10-18 years, including by wealth quintile, ethnicity, most-at-risk populations or minority status, in countries with emerging or generalized epidemics. • Help Governments develop and implement a male circumcision programme as part of a comprehensive messaging and prevention strategy. • Increase access to adolescent-friendly services and transmission prevention strategies for HIV-positive adolescents. • Support linkages to primary prevention of HIV, particularly for adolescent girls. • Emergency preparedness and response planning in support of HIV/AIDS CCCs. • Support to ensure children, young people and women have access to information on prevention, care and treatment. • Support to prevention, care and treatment services for children, young people, and women during crisis and recovery.	
8. In all countries, at least 30% of adolescents aged 10-18 years, in school and out of school, have correct information and relevant skills and services to reduce HIV risk and vulnerability.	8.1. HIV prevalence among young people aged 15-24 years (disaggregated by sex).		
9. In all humanitarian crisis, vulnerability to HIV infection is not increased and HIV-related care needs are met.	9.1. Proportion of assessed countries in new humanitarian situations where coverage in relation to HIV/AIDS CCCs, as supported by UNICEF and operational partners, meets expected levels given the country context.		

Focus area 4: Child protection from violence, exploitation and abuse

Strategic Intent — To place the protection of children from violence, exploitation and abuse more prominently on the development and humanitarian agendas of Governments, and make the protective environment more effective for all children.

Priority goal — The Millennium Declaration (especially Section VI).

Related goals and commitments — MDGs 1, 6, and 8; CRC and its Optional Protocols; CEDAW and Beijing Declaration and Platform of Action; Protocol to Prevent, Suppress and Punish Trafficking in Persons; International Labour Organization Conventions 138 and 182; *A World Fit for Children* (Goal 3: Protecting against abuse, exploitation and violence); Stockholm Declaration and Agenda for Action and Yokohama Global Commitment; Geneva Conventions and Additional Protocols; the Rome Statute of the International Criminal Court; United Nations Standard Minimum Rules for the Administration of Juvenile Justice; Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction.

Key result area 1: Better child protection systems that include national laws, policies and services across sectors, in particular justice and social protection, to protect all children from violence, exploitation and abuse

Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
1. At least 60 programme countries have identified areas requiring strengthening in the national child protection systems through mapping.[7]	1.1. Number of countries where areas requiring strengthening in national child protection systems have been identified through mapping of these systems.	• Mapping child protection systems. • Establishment of diversion, alternatives to deprivation of liberty and restorative justice programmes. • Capacity development for child-friendly justice systems. • Support legal and policy reform for incorporating child justice standards.	All programme countries.
2. Increase number of countries with improved systems of justice for children, including in transition situations.	2.1. Number of countries that use child-friendly and gender-appropriate investigation and court procedures in line with international standards.		

[7] Mapping: identifying services, service providers and legal or regulatory frameworks that are or need to be in place to prevent and respond to violence, abuse, exploitation and unnecessary separation from family.

	2.2 Number of countries where UN agencies working in the country in the justice sector or on security reform have integrated issues of boys and girls into their advocacy and programming efforts on rule of law. 2.3 Number of countries taking measures to implement the UN Guidelines on Justice in Matters Involving Child Victims and Witnesses of Crime.	• Institutional capacity building of law enforcement, justice and social welfare institutions for improved justice for children. • Child justice in transition situations. • Transitional child justice in transition situations. • Development, capacity building and support for community, non-governmental organizations or government-targeted social safety nets aimed at reducing child vulnerability. • Support for community-based social services and communication approaches for reducing vulnerability and stigmatization of at-risk children and families. • Support legal/policy development and capacity building to improve practices in alternative care and protection of children and women from property dispossession and other forms of discrimination. • Care and support for children with disabilities to ensure full access to services, helping them reach full potential without stigma or discrimination. • Reduce stigma, discrimination through advocacy and sharing of lessons learned and best practices. • Legal and policy reform addressing violence against children.	
3. At least 60 programme countries, including emergency-affected countries, have improved systems, and implement programmes to prevent and respond to family separation.	3.1. Number and proportion of children [girls and boys (by age groups)] not living with their biological parents. 3.2. Number of countries that have policies on alternative care, in line with international standards/good practices. 3.3. Number of countries prohibiting violence against children in the home by law. 3.4. Number of countries penalizing all forms of sexual exploitation of girls and boys. 3.5. Number of countries with services for girl and boy victims of violence, exploitation and abuse, including trafficking.		

4. All programme countries with birth registration rates under 60% have administrative arrangements for free and universal birth registration.	4.1. Proportion of girls and boys under five years of age whose births have been registered.	• Support registration, tracing, interim care, psychosocial support and reunion for separated and unaccompanied children in emergencies. • Capacity building of social work/social welfare sector to enhance availability and quality of gender-appropriate services and psychosocial support for vulnerable children and families. • Advocacy and capacity building for improved birth registration, especially of vulnerable groups.	

Key result area 2: Dialogue stimulated among social networks and nationally that reinforces social conventions, norms and values that favour the prevention of violence, exploitation, abuse and unnecessary separation for all children and lead to questioning of child rights violations including harmful conventions and practices, while ensuring respect for the views of children and building on young people's resilience

Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
5. Reduce social acceptance of practices harmful to children.	5.1. Number of countries that explicitly address social norms in programmes aimed at elimination of violence, exploitation and abuse against children. 5.2. Percentage of household respondents who believe that a child needs to be physically punished. 5.3. Percentage of children age 2-14 years who experienced psychological aggression or physical punishment during the past month (preceding the survey).	• Support advocacy, awareness and communication approaches to address social norms related to child sexual abuse, exploitation and trafficking. • Advocate and promote participation of children and young people including girls and young women to prevent and monitor harmful practices and to develop support groups to tackle abuse, violence and exploitation. • Advocate for and support behaviour change communication to address intra-familial violence.	All regions and countries in both industrialized and developing regions, as follow-up to the UN Secretary-General's Study on Violence against Children. Primarily in low- and lower-middle-income countries.

	5.4. Proportion of children aged 2-14 years that experience verbal or physical punishment (disaggregated by age, sex, wealth index, residence, and if possible by geo areas, population groups) 5.5. Percentage of women who believe a husband/partner is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him; (2) she neglects the children; (3) she argues with him; (4) she refuses sex with him; (5) she burns the food (facilitate reduction from 51% to 45% in developing countries). 5.6. Percentage of women aged 15-49 who do not support female genital cutting (FGC). 5.7. Percentage of women aged 15-49 years who have been mutilated/cut (facilitate reduction from 36% to 32% in sub-Saharan Africa). 5.8. Percentage of women aged 20-24 years who were married or in a union before they were 18 (facilitate reduction from 34% to 30% in developing countries).	• Advocate for and support behaviour change communication to prevent/address FGC. • Support national capacity to develop policy and implement measures to delay child marriage in identified countries. • Support national capacity for gender-sensitive policies and effective measures against worst forms of child labour. • Support rehabilitation and social integration of girls and boys removed from worst forms of child labour, via free basic education or alternative education. • Strengthen corporate social responsibility for child protection.	Countries with high risk or prevalence of trafficking or sexual exploitation of children. Countries with significant FGC or child marriage prevalence, including as a result of migration. Countries with high prevalence of worst forms of child labour.
6. Increase the coverage and effectiveness of programmes against child labour.	6.1. Percentage of children (boys and girls) aged 5-14 years involved in child labour (facilitate reduction from 16% to 13% in developing countries).		

Key result area 3: Better protection of children from the immediate and long-term impact of armed conflict and humanitarian crises			
Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
7. Girls' and boys' right to protection from violence, abuse and exploitation is sustained and promoted including psychosocial support to children and families, as well as prevent sexual and gender-based violence.	7.1. Proportion of assessed countries in new humanitarian situations where coverage in relation to child protection CCCs, as supported by UNICEF and operational partners, meets expected levels in given country context. 7.2. UNICEF sub-cluster coordinator positions at country level for child protection are filled within 30 days of activation of the sub-cluster.	• Emergency preparedness and response planning in support of child protection CCCs. • Establishing effective leadership for both the child protection and gender-based violence cluster areas of responsibility with links to other cluster/sector coordination mechanisms on critical intersectoral issues. • Support to the establishment of a mental health and psychosocial support coordination mechanism. • Monitoring and reporting on grave violations and other serious protection concerns for children and women triggering response including advocacy • Strengthen key child protection mechanisms in emergency-affected areas • Support to prevention of children's separation from families and addressing and family-based care is promoted • Advocate and support establishing capacity to the prevent and respond to violence, exploitation and abuse of children and women, including GBV • Support the establishment of child-friendly spaces and the provision of psychosocial support to children and their caregivers	Humanitarian situations in all programme countries.
8. End the recruitment and use of children in armed conflict and ensure their effective release and reintegration, taking into account gender-based differences in the situation of boys and girls.	8.1. Number of conflict situations in which children are still being unlawfully[8] recruited or used by armed forces or armed groups in apparent breach of international law.		

		• Coordinate mine-risk education, advocate against the use of landmines and other indiscriminate weapons. • Prevent recruitment; facilitate release and reintegration of children, based on good practices.	

Key result area 4: Improved country level monitoring, research, evaluation and use of data on child protection			
Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
9. At least 75 countries incorporate disaggregated baseline data on child protection indicators in national development plans and reports to the Committee on the Rights of the Child.	9.1. Number of country programmes that have (a) sex disaggregated data on child protection indicators for all age groups, including baselines; (b) institutional or administrative sources of data on child protection indicators. 9.2. Number of countries that include disaggregated child protection data in national development plans. 9.3. Number of countries that include disaggregated child protection data in their national reports to the Committee on the Rights of the Child.	• Routine and systematic data collection and analysis on key child protection indicators through national data collection systems. • Develop information systems and situation analyses on child protection. • Promote reporting on key indicators to policy makers, regional and international monitoring mechanisms and general public. • Child protection in national and subnational plans and reports. • Strengthen capacities of UNICEF staff and partners (including children and adolescents) to conduct analysis and apply data and research on child protection. • Conduct rapid assessment of protection issues related to children and women in emergencies.	LDCs, low- and middle-income countries and industrialized countries for some indicators.
10. Conflict-affected countries monitor and report on the protection of children.	10.1. Number of UNICEF offices in conflict-affected countries engaged in the monitoring and reporting mechanism on grave violations against children, in line with UN Security Council resolution 1612.		

[8] Unlawful recruitment is "recruitment against commitments made in the Optional Protocol on the involvement of children in armed conflict or other relevant applicable commitments".

		• Facilitate or strengthen monitoring mechanisms through the Government and civil society in emergencies and regular situations, and advocate against, and report and communicate on, abuse, violence and exploitation.	Emergency-affected countries. On monitoring and reporting, particularly countries affected by armed conflict.

Focus area 5: Policy advocacy and partnerships for children's rights

Strategic intent — Governments, civil society organizations, parliamentarians and other partners at the national and international levels work together to develop and implement social and economic policies, legislative measures and budgetary allocations that advance the realization of children's and women's rights and gender equality in all country contexts, including humanitarian, recovery and fragile situations.

Primary goal — CRC, particularly Articles 2 (emphasis on non-discrimination); 4 (States parties commit to undertake all appropriate legislative, administrative and other measures for the implementation of the rights recognized in the Convention); 12 (the child who is capable of expressing his or her own views shall have the right and be accorded the opportunity to express them freely); and 42 (principles and provisions of the Convention are to be made widely known to children and adults alike).

Related goals and commitments — MDGs 1 and 8; CEDAW, particularly Article 2 (defining the principle of discrimination, and complementing Article 2 of the Convention on the Rights of the Child); the Millennium Declaration, especially paragraphs I.2 (recognizing "a collective responsibility to uphold principles of human dignity, equality and equity at the global level [and] … a duty to all the world's people, especially the most vulnerable, and in particular the children of the world …"); III.20. (resolving to "promote gender equality and the empowerment of women as effective ways to combat poverty, hunger and disease and to stimulate development that is truly sustainable"); and V.25 (ensuring governance processes that allow for genuine participation by all citizens, including children … and young people); CRC, particularly Articles 13 (right to freedom of expression); 15 (right to freedom of association); and 17 (right to access information and to the media) in relation to the promotion of child participation.

Key result area 1: Support national capacity to collect, analyse and disseminate strategic information on the situation of children and women			
Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
1. Support the collection, compilation and analysis of up-to-date data, strategic information and knowledge on children and women.	1.1. Number of countries supporting DevInfo or comparable tools for monitoring and reporting on data relevant to children.	• Support monitoring of Millennium Declaration and MDGs. • Develop tools and support capacities in national statistical agencies for sex- and age-disaggregated data collection, routine information systems, opinion polls and other monitoring and reporting systems on children's and women's rights. • Support analysis of data trends and disparities among women and children, including those with disabilities and taking into account, emergency related risks, at country, regional and global levels. • Support knowledge acquisition, management, access, sharing and use; promote knowledge culture in UNICEF. • Facilitate consultations at local and national levels, involving children and women, to develop reports to the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women. • Support MICS, children's modules in DHS, census and other data collection systems. • Support dissemination of aggregated and disaggregated data on women and children, including those with disabilities.	All countries and regions, including industrialized countries for some indicators.
2. Support the disaggregation of data, to reflect existing disparities and to focus on marginalized populations.	2.1. Number of programme countries with national household survey data, collected within preceding 3/5 years, which cover key indicators for assessing the situation of children and women such as multiple indicator cluster surveys (MICS) or Demographic and Health Surveys (DHS).		
3. With partners, using improved internal knowledge management systems, establish knowledge banks facilitating access to data on children and women.	3.1. Number of UNICEF country offices with knowledge management systems developed and in use (such as updated internet and intranet sites and access to relevant external databases, library systems etc).		
4. Support timely national reporting on the CRC and the CEDAW.	4.1. Number of UNICEF country offices supporting the most recent CRC and CEDAW reporting processes.		

	4.2. Proportion of country programme documents submitted to the Executive Board that make reference to concluding observations of the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women, and that include activities to support their implementation.	• Further develop, update and disseminate DevInfo databases with national partners and the UN system, including an emergencies module. • Support development and use of national databases for monitoring CRC/CEDAW and PRSs. • Produce reports using data and analyses at national, regional and global levels to help identify gaps for budgeting, programming and achievement of the MDGs and the Millennium Declaration. • Emergency preparedness and response planning in support of CCCs.	

Key result area 2: Research and policy analysis on economic/social policies supporting governance for CRC/CEDAW implementation

Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
5. With partners, generate and disseminate high-quality research and analysis, addressing the implications of international policy frameworks, national legislation and public policies for the rights of women and children.	5.1. Number of countries with regularly updated situation analyses of the realization of child and women's rights and of the impacts of policies on children and women. 5.2. Number of UNICEF country offices and regional offices carrying out thematic analyses such as poverty/disparities, social protection, migration, governance reforms and economic or humanitarian crises affecting MDG outcomes, using a human rights and gender analysis framework.	• Support and contribute to global and regional analyses, national plans, reporting on CRC/CEDAW and related policy frameworks. • Support to national emergency preparedness and response plans which integrate children's and women's issues. • Support comprehensive research and analysis of the realization of children's and women's rights; vulnerability analysis; causes of underlying trends and disparities (including gender) at various levels of duty-bearers.	All countries and regions, including industrialized countries for some themes.

	5.3. Number of countries where budget/fiscal analysis is undertaken jointly with Governments and CSOs, to promote improved resource allocations for the progressive realization of children's and women's rights, and for the promotion of gender equality. 5.4. Number of formally reviewed and published global thematic studies and reports (including *The State of the World's Children*, Innocenti Research Centre (UNICEF) reports). 5.5 Number of country programmes with a defined strategy to generate, manage knowledge and share it externally to support UNICEF and partners in their work on the realization of children's rights.	• Identify knowledge gaps, undertake/ support research and develop position papers and publications on themes and emerging issues of concern (with emphasis on marginalized children, the poorest families and conflict prevention and response). • Support partners to analyze impacts on children, women and gender equality of current and proposed policies, budgets and legislative and administrative reforms. • Identify and develop policy/legislative options and recommendations, based on human rights principles, comparative analysis of public policy, as well as national, regional and global best practices. • Prepare periodic syntheses, studies and public advocacy reports, including *The State of the World's Children*. • Build capacities, including within UNICEF, for research and policy analysis relevant to children and women; implement a knowledge management strategy to support this capacity.	Selected countries in all regions and globally. Global and regional levels; progressive development in all countries.

Key result area 3: Policy advocacy, dialogue and leveraging			
Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
6. Leverage knowledge and resources for children and gender equality through policy advocacy and dialogue with key decision makers at all levels, with participation of young people, in partnership with other concerned agencies and organizations. Based on the evidence and analysis generated, promote improved resource allocations and enhanced investments for children.	6.1. Number of UNICEF country and regional offices documenting in their annual reports, major policy advocacy achievements for children and women at the macro level 6.2. Number of countries with PRS or national development or transition plans that address key challenges for children, women and gender equality.	• Provide evidence-gathering, research, analysis and international good practices (on children's and women's rights and gender equality) to international forums, and national planning, implementation and monitoring processes (including PRSs, SWAps and post-conflict transition plans). • Support to participatory policy advocacy networks to influence national, regional and global debates in order to promote attention to children and women and increase resource allocations. • Develop national and civil society capacity for budget monitoring, and monitoring, reporting and communication on CRC and CEDAW. • Civic education and communication strategies to promote gender equality, peaceful resolution of conflict, democratic dialogue and respect for human rights.	All countries and regions, including industrialized countries.
7. Increase awareness of child vulnerability to economic, social and environmental conditions, and promote various social protection measures (including income and non-income support) at the country level.	7.1. Number of citations on the *State of the World's Children Report*. 7.2. Number of UNICEF country offices supporting social protection policies and programmes, including cash transfers.		

Key result area 4: Institutionalized participation of children and young people in civic life			
Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
8. Promote establishment of national child and youth policies that advance positive and holistic child and adolescent development, and that institutionalize participation of young people in policy development and community life.	8.1. Number of countries with national child and youth policies that institutionalize participation of children. 8.2. Number of countries that carry out systematic data collection analysis and dissemination on the situation of adolescents and young people.	• Solicit data/information from children and young people on issues affecting their lives. • Raise awareness and promote positive attitudes and practices in families, schools and communities on children's and adolescents' rights to participation, in accordance with their evolving capacities, including attention to ethical standards and processes and issues of gender equality. • Support the integration of children's participation as a regular feature in local institutions, with special focus on girls. • Promote opportunities for equitable participation of girls and boys and young people in design and implementation of policies, especially in poverty and crisis situations and addressing disability issues.	All countries and regions.
9. Increase capacity of children and adolescents to participate in decisions that affect them at policy and community levels.	9.1. Number of countries in which the views and opinions of children and young people are sought through a systematic process (such as youth opinion polls) and disseminated in child-friendly form. 9.2. Number of countries with policies or programmes that build the capacity of children and of adolescents to engage in civic action (volunteerism, community development and peaceful resolution of conflict).		

Annex II

Part 1: Integrated monitoring and evaluation framework

Category	*Scope or time frame*	
Global reporting or monitoring efforts Special or recurrent reporting efforts that affect policies of UNICEF, Governments or other development partners. These require major resources.	**Support to State Parties or multilateral reports** 1. CRC General Comment 7 (monitoring implementation of CRC in early childhood). 2. Secretary-General's MDG Progress Report. 3. Tracking progress in maternal, newborn and child survival: 2010 report. 4. WHO/UNICEF Joint Monitoring Report on Water and Sanitation. 5. Reports on the follow-up to the Special Session on HIV/AIDS (*annual*). 6. Universal Access Report (formerly 'PMTCT and Paediatric HIV Report Card') (*periodic*).	**UNICEF-led data collection or review efforts** 1. Statistical tables in *The State of the World's Children Report*. 2. Progress for Children reports. 3. Data companion to the Annual Report of the Executive Director *(annual)*. 4. Multiple Indicators Cluster Surveys *(2009-2010)*. 5. Early Childhood Progress Report. 6. Children and AIDS Stocktaking Report (*annual*). 7. Global Attitudinal Survey Of Adolescents.
Programmatic evaluations To determine if a programming strategy central to MTSP success has (a) an evidence basis of impact or (b) is being implemented with high levels of effectiveness. These use well-developed examples of UNICEF programming in a range of countries.	**2010-2011** 1. Evaluation of UNICEF-Netherlands ECD programme (*focus area 1).* 2. Community-based management of severe-acute malnutrition (*focus areas 1 and 3).* 3. Community case management (pneumonia, malaria, diarrhoea) *(focus area 1).* 4. Global evaluation of the life-skills education programme (*focus area 2).* 5. Enhancing school-readiness through child-to-child programmes (*focus area 2).*	**2012-2013** 1. ECD programming in emergencies (*focus area 1).* 2. Effectiveness of child health days in meeting MNCH goals (*focus area 1).* 3. WASH programming impact (*focus area 1).* 4. End-cycle evaluation of the catalytic initiative *(focus area 1).* 5. Impact of community-level communications and mobilization strategies on the effectiveness of selected health programmes *(focus area 1).*

Category	*Scope or time frame*	
	6. Education in emergency and post-crisis transition programme (*focus area 2*). 7. Effectiveness of the Inter-Agency Standing Committee cluster for emergency education (*focus area 2*). 8. Evaluation of fostering social and behavioural change related to HIV prevention in adolescents (*focus area 3*). 9. Evaluation of the Unite for Children, Unite against AIDS campaign (*focus area 3*). 10. Global evaluation of the monitoring and reporting mechanism on grave child rights violations in situations of armed conflict (*focus area 4*).	6. Impact of the child-friendly schools programming strategy (*focus area 2*). 7. Modelling district-wide approaches to effective integration of PMTCT and paediatric HIV care, support and treatment into MNCH services (*focus areas 1 and 3*). 8. Evaluation of the impact of interventions relating to violence against children (*focus area 4*).

Category	*Scope or time frame*	
State of knowledge assessments Knowledge building efforts are important for developing effective future strategies. These will include rigorous efforts to assess lessons learned by other partners.	**2010-2011** 1. Costing and financing of WASH interventions *(focus area 1)*. 2. Meta-analysis of parenting programmes *(focus area 2)*. 3. Inclusion of children with disabilities and special needs in mainstream education *(focus area 2)*. 4. Effectiveness of prevention strategies in confronting the HIV-AIDS epidemic *(focus area 3)*. 5. Access to informal justice systems and implications for human rights and children's rights *(focus area 4)*. 6. Impact of global environmental (climate) change on children, and potential responses *(cross-cutting)*.	**2012-2013** State of knowledge assessments are projected for a single biennium only.
Corporate-level topical or operational effectiveness evaluations To determine if (a) the cross-cutting programming theme is successful or (b) the organization is internally efficient. These require a well developed set of examples from lengthy corporate engagement.	1. Evaluation of community-based child care centres *(focus area 2 and cross-cutting)*. 2. Organizational performance in adolescent development and participation programming *(focus area 5 and cross-cutting)*. 3. Organizational performance in human rights-based approach to programming. *(focus area 5 and cross-cutting)*. 4. Year-1 response to the Haiti earthquake and humanitarian crisis *(cross-cutting)*. 5. Inter-agency real-time evaluation of humanitarian response (minimum 1 per year) *(cross-cutting)*.	1. Multiple Indicator Cluster Surveys (MICS) round 4 evaluation *(focus area 5)*. 2. Organizational implementation of the gender policy and plan of action *(focus area 5 and cross-cutting)*. 3. Disaster risk reduction *(cross-cutting)*. 4. Global evaluation on UNICEF capacity for humanitarian action *(cross-cutting)*. 5. Effectiveness of UNICEF work in social protection *(focus area 5 and cross-cutting)*.

Part 2: Key performance indicators

Key performance indicator	Baseline (Year)	Target (2013, unless stated)
Human resources		
% of recruitment actions (closing date on advertisement to date of offer letter) completed within 90 days for established IP posts.	17% (2005)	75%
% requests for surge capacity support met within 56 days (formal CO request to arrival of staff member in country, in accordance with CCCs in humanitarian action).	65% (2007)	80%
% cluster coordinator positions at country level for WASH, nutrition, education and child protection (sub-cluster) filled within 30 days of activation of the cluster.	TBD based on 2009	90%
% staff identifying themselves as satisfied with the UNICEF workplace, as per global staff survey.	75% (2008)	80%
% PERs signed by required parties and closed by end of February the following year.	51% (2006)	90%
% of total staff costs (SB and RR) spent on learning and staff development.	1.4% (2005)	3%
% women staff at P-5 levels and above, globally.	36% (2005)	50%
Finance		
Management/administration/programme support costs: total regular resources (RR) and other resources (OR).	15.3% (2005)	11.5%
% allocated RR for programmes expended at the end of each year.	93% (2005)	> 95%
% allocated OR for programmes expended at the end of each year.	To be established	TBD
% outstanding direct cash transfers to national partners above 9 months.	3% (2005)	< 1%
Information and communication technology		
% of emergencies where IT services requested are provided, as per standards established in the revision of CCCs in humanitarian action.	90% (2009)	> 95%

Key performance indicator	Baseline (Year)	Target (2013, unless stated)
% Service Level Agreement targets are met or exceeded.	On track for 10 critical services (2009)	At least 90% for each year
Supply		
% programme countries in which UNICEF supports national partners producing a plan to address shortages of essential commodities.	26% (2007)	At least 75% of LDCs
% programme countries with updated logistics capacity assessment.	50% (2008)	At least 80% of LDCs
% orders delivered at port of entry at or within agreed target arrival dates.	57% (2006)	95%
% rapid response orders shipped within 48 hours of sales order release.	85% (2005)	95%
% of operating units satisfied with timeliness and quality of procurement support.	TBD in 2010	At least 5% increase over baseline
Programme oversight		
% country offices with annually updated emergency preparedness and response plan.	81% (2004)	100%
% UNICEF offices which have documented efficiency gains in their operation functions.	TBD in 2010	
% new CPDs approved by the Executive Board that meet organizational standards for application of human rights-based approach.	73% (2007)	> 90%
% new CPDs approved by the Executive Board that meet organizational standards for application of gender mainstreaming.	45% (2007)	> 90%
% country programmes for which a gender review and self-assessment undertaken within the last four years.*	TBD in 2010	> 90%
% new CPDs approved by the Executive Board that meet organizational standards for results-based management.	66% (2007)	> 90%

* Indicator slightly revised and therefore baseline to be determined. The current indicator is 'percentage of country programmes for which a gender review and self-assessment was undertaken within the current programme cycle'. Over 55% had done so by end 2009 (see E/ICEF/2010/12).

Key performance indicator	Baseline (Year)	Target (2013, unless stated)
% CPDs that include clearly articulated strategy for use of communication for development, with focus on behaviour and social change to achieve results for children.	53% (2008)	> 90%
Knowledge management (a) Number of lessons learned, vetted and accessed. (b) Number of 'communities of practice' (COP) created, as per established guidance.	42 (2005) 3 (2008)	At least 100/yr At least 10 active COPs
Number of documented cases of UNICEF support to South-South Cooperation.	83 (2008)	At least 100/yr by 2013
Number of countries using UNICEF procurement services to procure supplies for children and their families.	100 (2008)	100
Programme funding		
% donor reports submitted on time.	71% (2005)	> 85%
Per-capita contribution to UNICEF compared with GNI per capita and level of regular resources (OECD/DAC and EU member states).	Comparative table	Comparative table
Income (millions of US$): Regular resources (RR) / Other resources-regular (OR-R) / Other resources-emergencies (OR-E).	2004: 791 / 796 / 391	As per financial plan
% of OR-R and OR-E that is thematic funding.	OR-R: 15% (2009) OR-E: 10% (2009)	TBD
UN coherence		
% CPDs with results matrices fully aligned to UNDAF results matrix as per external assessment.	74% (2007)	At least 90%
Number of UNICEF staff serving as Resident Coordinator (M/F).	12 (2008)	N.A.
% programme funds expended on annual workplans that are jointly funded by at least one other UN agency.	3.3% (2006)	At least 5%
Risk management practices and evaluations		
General compliance with Institute of Internal Auditors standards, based on periodic independent quality reviews of internal audit function.	Partial compliance (2007)	General Compliance
Number of offices/divisions with audit recommendations outstanding for over 18 months.	12 (2006)	< 10 each year

Key performance indicator	Baseline (Year)	Target (2013, unless stated)
% complaints investigated and closed within six months.	44% (2008)	> 80%
% corporate evaluations with a formal management response.	79% (2005)	> 95%
% evaluations rated as satisfactory or better, using UN standards.	78% (2005)	> 90%